



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION

(FOR OFFICIAL USE ONLY)

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: DPR.DELAWARE.GOV

## STATEMENT OF COMPLAINT

### INSTRUCTIONS

This form is for the use of persons who wish to file a complaint with the Division of Professional Regulation against a professional licensee, registrant or certificate holder or against a person/business practicing or operating without the required professional license.

If you are a Delaware-licensed healthcare provider or other entity that is required to report a healthcare provider under your *mandatory duty to report*, please submit the [Report of Healthcare Provider](#) instead of this form. If you need to report child abuse or neglect, see [Mandatory Reports of Child Abuse or Neglect](#) on the Division's web site.

In order for the Division to start an investigation of possible violation of Delaware licensing, registration or certification laws and regulations, you must complete all pages of this form. Type or print clearly in blue or black ink. Be sure to submit any documents you may have to support your complaint. Sign the form and return it to the Division, Attention: Investigative Supervisor, at the address above, or fax it to the number above. Delaware law allows the Division to keep the name of the person who files a complaint confidential, when appropriate.

**Fields marked with \*\* are required by law in order to accept your complaint. Your complaint may be rejected if you leave any portion of a required field blank.**

*If you need help completing this form, call (302) 744-4500 and ask to speak to an investigator.*

**PROFESSION OF PERSON ABOUT WHOM YOU ARE COMPLAINING:** \_\_\_\_\_

### TYPE(S) OF COMPLAINT:

- |   |  |
|---|--|
| <input type="checkbox"/> Unprofessional Conduct             | <input type="checkbox"/> Fraudulent Activity |
| <input type="checkbox"/> Practicing Beyond Scope of License | <input type="checkbox"/> Unlicensed Activity |
| <input type="checkbox"/> Other (specify): _____             |  |

### COMPLAINANT INFORMATION

#### A. YOUR INFORMATION\*\*

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE	CELL PHONE	WORK PHONE	
EMAIL ADDRESS, IF ANY			

#### B. YOUR ATTORNEY, IF ANY

LAST NAME		FIRST	MIDDLE INITIAL
FIRM ADDRESS			
CITY		STATE	ZIP CODE
PHONE		FAX	
EMAIL ADDRESS, IF ANY			

### SUBJECT OF COMPLAINT INFORMATION

#### C. PERSON ABOUT WHOM YOU ARE COMPLAINING\*\*

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)			
LICENSE/REGISTRATION/CERTIFICATE TYPE/NUMBER IF KNOWN			
PROFESSION OF LICENSEE/IF ANY			
EMAIL ADDRESS, IF ANY			

#### D. BUSINESS INVOLVED, IF ANY\*\*

BUSINESS NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE (INCLUDE AREA CODE)		
OWNER/MANAGER NAME		
TYPE OF BUSINESS		
EMAIL ADDRESS, IF ANY		

## WITNESS INFORMATION

**E. NAME/ADDRESS OF WITNESS, IF ANY**

LAST NAME		FIRST	MIDDLE INITIAL
STREET ADDRESS			
CITY		STATE	ZIP CODE
HOME PHONE		WORK PHONE	
EMAIL ADDRESS, IF ANY			
If needed, is this witness willing to support your complaint by appearing at a hearing? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			

**F. NAME/ADDRESS OF SECOND WITNESS, IF ANY**

LAST NAME		FIRST	MIDDLE INITIAL
FIRM ADDRESS			
CITY		STATE	ZIP CODE
PHONE		FAX NUMBER	
EMAIL ADDRESS, IF ANY			
If needed, is this witness willing to support your complaint by appearing at a hearing? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>			

NOTE: If additional witnesses are available, list their names, addresses any other pertinent data in a manner similar to above on a separate sheet of paper.

**G. Are you willing to appear at a hearing if necessary?\*** ☐ YES ☐ NO

## H. DESCRIPTION OF COMPLAINT\*\*

Please describe your complaint in detail below. List services provided by the licensee, registrant, certificate holder or individual. Include the dates, times and locations where offenses are alleged to have occurred and the nature of your complaint. To the best of your ability, outline how you believe the subject of your complaint has committed unprofessional conduct, unlicensed activity, or other violation. If applicable, you may enclose documents in support of your complaint with this form. Or, you may fax them to the Investigative Unit at (302) 739-2711 or email them to [investigations.dpr@state.de.us](mailto:investigations.dpr@state.de.us).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

*If you need more space, please use additional sheets of paper.*

**For more information on the investigative process or to view the laws, rules and regulations of a specific board or commission, please visit the Division of Professional Regulation's website at [dpr.delaware.gov](http://dpr.delaware.gov).**